

CHAPTER VII

CONCLUSION

I

There is a commonly held belief that the tribals and the rural folk are averse to new cultural patterns. Health is an integral part of culture. It is often alleged that the tribals and the rural folk ^{refuse} to part off with their traditional health practices and take up modern health practices. There are reports of under utilization of the Primary Health Centres in the countryside and consequent persistence of traditional methods of cure for diseases. The structural facilities of the Primary Health Centres, clash of ideals of traditional and modern medicine, the failure of modern medicine to accommodate with the social milieu, inaccessibility to modern medicine and non-availability of the same, lack of seriousness on the part of practitioners of modern medicine in the countryside and the urge of the people to preserve their traditional culture have been cited as reasons.

While on the one hand, there are studies which have shown traditionalism in health culture among the tribal and rural folk, there ~~is~~ ^{are} on the other, studies which have shown partial acceptance of modern health practices. There are also studies which have shown that the tribals are prepared to accept modern medicine if facilities are provided and they are easily accessible.

With these in mind the study aimed at studying the tribal tea plantation workers in three plantations of the Terai region of West Bengal. Two with better facilities of health and one with minimum facilities of health.

Every society and community has its own culture and the tribals are no exception. Supernaturalism, traditionally, dominates every aspect of tribal life. The tribal tea plantation workers have their origin in Bihar, Madhya Pradesh and Orissa. They migrated during the early stage of the development of tea industry due to alienation from land and consequent poverty. The migration was in bulk and the workers were kept isolated from the outside world. Both these factors were conducive to continuity of traditional practices. Moreover, during the early stage of the development of tea industry, specifically, prior to 1951, it was not compulsory for tea plantations to provide health facilities. This was another factor favourable for continuation of traditional health practices. Besides these factors illiteracy among the workers was also a factor.

The year 1951 saw the formulation of the Plantation Labour Act. It became compulsory for every plantation to maintain a health unit according to standards prescribed by the State Government and also provide for drinking water and sanitation facilities. While most of the plantations fail to maintain such facilities, some plantations maintain better health facilities.

The development of communication and transport has brought the tribal workers in contact with the outside world and provided access to alternative sources of modern medical treatment. Moreover, the governmental effort to disburse medical facilities to rural areas has made modern medical facilities more accessible. These are factors conducive to bringing about changes in the health culture of the population.

With this view in mind, aspects like the prevalent diseases, etiology of diseases, sanitation and personal hygiene, food, intoxication, narcotic intake, choice of medical systems, the factors those effect the choice, family planning practices, mother and child care, and the interaction between traditional and modern medical practitioners have been covered to assess the changes those have taken place. These aspects constitute an important part of culture, i.e., health culture of a population.

It has been stated that only the numerically dominant tribes on the tea plantations have been considered for the study as the results of the numerically insignificant tribes will not be significant. Following this, nine tribes, the Oraons, the Mundas, the Gonds, the Santals, the Mahalis, the Baraiks, the Malpaharias, the Parjas and the Kharias have been considered. It should be mentioned here that all these tribes have their traditional beliefs and practices regarding health and diseases and other aspects of health culture.

II

The analysis of the health culture of the population reveals that, to the people, good health means nothing but absence of physical difficulties to work. It implies that only afflictions those lead to abstinence from work are considered as illnesses and receive treatment. Many diseases those even in their primary stages receive our attention are ignored by the people. Such diseases receive the attention of the people only when they act as serious obstacles. Afflictions accompanied by pain, bowel problems and debility or the symptoms themselves are recognized as illnesses. The people have been found not being able to distinguish between illness and sickness. Diseases are taken as causes for illnesses.

More than one causes have been found to be attributed to ill health. The causes believed by the workers to be responsible for diseases are supernatural agencies like ghost intrusion, spirit intrusion, breach of taboo and wrath of gods and goddesses; human agencies like sorcery, witchcraft and evil eye; natural causes like climatic condition; physical causes like excess heat in the body, loss of blood, impure blood, weakness and wrong food; and scientific causes like mosquito bite and cold. A disease has been found to be attributed to more than one causes. For example, fever has been attributed to spirit intrusion, ghost intrusion, evil eye, bad weather conditions and witchcraft; Diarrhoea to excess heat in the body, ghost intrusion, evil eye, witchcraft and intake of wrong food; weakness to loss of blood, sorcery, witchcraft and

malnutrition; chicken pox to spirit intrusion, and wrath of god/
goddess; dysentery to witchcraft, ghost intrusion and impure water;
Asthma to wrath of god and witchcraft; liver problems to intake
of liquor, breach of taboo and witchcraft; Paralysis to wrath of
god or goddess, spirit intrusion, witchcraft and sorcery;
Rheumatism to weakness, sorcery, ghost intrusion and witchcraft;
Malaria to mosquito bite; Psychic disorder to witchcraft and
breach of taboo; Measles to spirit intrusion and wrath of goddess;
Tuberculosis to excessive hardwork, malnutrition and sorcery, etc.

Infiltration of modern scientific etiological concepts is noticed to a certain extent. The recognition of causes like mosquito bite, cold, malnutrition and impure water are indications of that. This may be due to high incidence of diseases they have been attributed to and contact with modern medical practices in the connection.

The most prevalent diseases found among the population are bacillary dysentery, diarrhoea, amoebiasis, helminthic infestations and general weakness. Besides these, skin infections, bronchial asthma, problems of liver and rheumatism are found among considerable numbers of the population. Diseases of the skin and helminthic infestations are not taken seriously by the workers unless they take alarming proportions and act as impediments in the work process. Bronchial asthma, diarrhoea, dysentery and rheumatism which hinder the work process are treated by the workers with serious consideration.

The choice of systems of medicine for treatments has been found to be very much linked to the cause of diseases which is ascertained by an ojha. The ojha ascertains whether a disease is caused by supernatural or human agencies in the case of which the treatments are exclusively on traditional lines. If found otherwise, the treatment resorted to is usually according to modern systems of medicine. But, it should not be thought that diseases not supernaturally or humanly caused, i.e., diseases which are treated with usual preference to modern medicine, are not treated with the help of traditional medicine. The resorting to traditional systems of medicine in such cases is conditional to the success of modern medicine in curing the disease, the past experience of the workers in the regard, the availability of modern medical facilities, accessibility to the facilities and economic constraints. Diseases believed to be supernaturally or humanly caused are treated usually with the help of traditional medical systems involving magico-religious treatments. This is because there is a deep rooted belief that such diseases are not amenable to modern medical treatment. However, sporadic cases of resorting to modern medical treatments for such diseases are found. This is only after repeated trials by traditional medicine men have failed and the workers wish to give modern medicine a try.

Among the constraints or hindrances in the adoption of modern medical facilities of treatment, economic constraints, problems of accessibility and availability of alternative sources of modern medical treatments are prominent ones. The lack of

adequate income has forced the workers to spend very little for medical purposes. Many refrain themselves from consulting private practitioners even when they are sure of better results. Want of money has also forced many to discontinue treatment. Economic constrain is also a factor when the sources of better modern medical facilities of treatment are at a distance. This proves the point that availability of medical facility is a vital factor in the adoption of modern medical facility. The fact that the workers of Matigara tea plantation frequent the Subsidiary Health Centre in the proximity and the workers of Taipoo and Hansqua due to the absence of such facility resort to traditional methods makes the point more stronger. Besides the above constraints, illtreatments received by the workers at the Government Health Units/Hospitals. The negligent attitude of the medical staff towards the workers is also a factor. The workers, due to this at times choose not to visit the Government Health Units/Hospitals.

These factors are reinforced by lack of knowledge of the people as regards to certain aspects of modern medicine and apprehensions.

The above discussion makes one thing clear, that the tribal workers are not averse to modern medical treatment except for cases wherein supernatural and human causes are involved. It is the constraints which act as barriers.

Family Planning and scientific methods of birth control have gained partial acceptance among the workers. The workers have been found to be more or less aware of family planning but, few practice it. Prevention of birth is considered by the majority, specially women, as a sin. A child is considered a gift of the god. However, a number of persons mostly women have undergone sterilization (ligation in the case of women and vasectomy in the case of men). It has been found that there is a preference for permanent rather than temporary prevention of birth. An interesting feature noticed is that sterilisation has been resorted to by the people at an age varying from 35 to 45 and after having 4 to 5 children. This gives rise to questions as regards to the motive behind sterilisation. It seems that the motive is economic. For each birth a family is given an allowance of rupees 500 and for sterilization a compensatory allowance of rupees 140 is paid. The birth allowance may be an encouraging factor for birth and thus, non-practice of birth control. Other methods of birth control like contraceptives are not popular. Traditional methods of birth control are restricted to cases of illegal conception as they require secrecy.

None of the plantations except for the Matigara plantation, provide for birth control facilities or have such facilities in the proximity. But surprisingly the practice of birth control is low at the plantation. On the other hand the workers of Taipoo and Hansqua have cited availability of such facilities as a factor.

Thus, we find that beliefs, ignorance, economic consideration and lack of facilities are factors in non-adoption of family planning practices to a large extent. The low adoption of birth control practices at Matigara may be due to their traditional beliefs.

The average food consumed in a family is not of high order in terms of nutritive value. Food is consumed thrice a day — morning, noon and evening. Vegetables, fish, meat and milk are not consumed in adequate amount. Rice is the staple food. Meat and fish are ^{taken} occasionally, on the pay day. Very little heed is paid by the people to the nutritive values of food. The workers are handicapped due to lack of awareness and adequate earnings. Milk, though is not a taboo for all is not consumed. The food habits of the workers are largely influenced by their traditional culture. No noticeable changes are noticed in this aspect.

Consumption of harira is very popular. Country liquor is consumed to a certain extent. Harira is consumed by persons of both sexes and persons of all age. Many believe that harira is not harmful to health. Those who believe that it is harmful refuse to give up as it is their traditional drink. The workers are aware that other forms of intoxicants are harmful but not all have detailed knowledge.

Smoking of cigarette or bidi is not popular. But bidi is

preferred to cigarette due to economic reasons. Khaini (tobacco mixed with lime) is the most popular form of narcotics. The popularity of khaini is due to economic reason and also due to tradition.

Child rearing practices show continuity of traditionalism among the workers. Children are in most part reared up in natural conditions. No special care is given to a child except massaging with warm mustard oil for about twenty days from birth. This, the people believe, helps in the formation of strong bones. The scukling period varies from one and a half to two years. No special diet is provided after the scukling period however, certain restrictions are followed. Vaccination of children is low either due to lack of awareness, ignorance and lack of facilities. There is a strong belief in evil eye causing diseases among children and appropriate measures are taken for prevention and cure with the help of ojhas.

As regards to the relation between health of mother and health of child, there has been observed lack of awareness among the people and ignorance. Also has been observed that the economic condition of the workers has a vital role. An expectant mother is not given any special care except abstinence from hard work. The fact that a mother during the period of pregnancy deserves proper nutrition does not receive serious attention not to speak of

vaccination. The lack of seriousness is due to the lack of awareness, economic constraint and ignorance.

Lack of proper knowledge and fear surrounds child birth. The birth of a child usually takes place at home under the care of midwife~~d~~ trained or untrained. Hospitals are avoided unless absolutely necessary. The preference of having a child birth at home is due to psychological reasons.

The interaction between traditional and modern medical practitioners is not of a hostile nature. The traditional medicine men though they allege that modern medicine has brought down the popularity of their system of medicine agrees that modern medicine is effective in certain diseases. This can be gauged from the fact that modern medicine men are at times, themselves patients of modern medical practitioners. Alongside their recognition of modern medicine, the traditional medicine men believe that certain diseases can be cured only with the help of traditional medical treatments. The acknowledgement of the effectivity of modern medicine may be due to their experience with modern medicine. The modern medical practitioners though they view traditional medicine as a hoax do not take a hostile stand against it as it forms a part of tribal culture. A reason for the absence of hostility is that for none of the traditional medicine men it is the primary occupation.

The level of sanitation and personal hygiene has been found to be very low. The workers have very little idea of the intricate relationship between sanitation, personal hygiene and health. Even if they are aware, they are either ignorant or due to constraints fail to pay attention. The drainage systems in the residential areas of the workers is absolutely poor in all the plantations. Water gets accumulated and serve as breeding place for mosquito, germs and flies. The defecating habits of the workers is unhygienic. They defecate in fields. Common latrines and urinals are uncomfortable to them. Housing in the tea plantations is not upto the mark and are hazardous to health. The workers seen unaware of this.

As regards drinking water, the workers are aware of the need for pure water. This is reflected in their drawing drinking water from taps in Hansqua tea garden. Despite such awareness the workers are not serious of keeping the wells clean. This reflects their ignorance. They also do not purify water drawn from wells before drinking as they find it troublesome. Moreover, their concept of purification is nothing but removal of dirt.

As regards personal hygiene, the workers do not take bath daily. The use of soap during bath is minimal. Washing of hands before meals is usual but not with soap. Washing of parts after defecation is done with water from rivulets or by water carried in cans. The use of soap for washing hands after post-defecation ablution is uncommon. The workers usually use mud or simple water.

Clothes are changed once a week and washed. They are washed with cleaning agent, usually soap. Shaving and cutting and cleaning of nails have no specific intervals. Twig of neem tree, sal tree and varanda plant are used for cleaning teeth. However, the use of tooth-paste, tooth-powder and tooth-brush is also found.

III

The comparative analysis of health behaviour of the workers in the two types of plantations reveals that in the plantation with better facilities of treatment the workers utilize the health unit of the plantation to the fullest extent. But in the plantation with minimum facilities of treatment the utilization is minimal. This is because the workers are aware of the infrastructural facilities of the health unit. They instead utilize the Subsidiary Health Unit near the plantation.

The behaviour pattern of the population of the two types of plantations follow the same sequence. In both the types of plantations the workers treat supernaturally or humanly caused diseases preferably with the help of traditional medical systems. Diseases caused otherwise are treated with the help of modern medicine. The ascertaining of the cause of disease is done with the help of an ojha who is consulted at first.

In the plantations with better facilities of health, the workers after ascertaining the cause of the disease resort to treatment accordingly. In the case of a disease not supernaturally

or humanly caused the workers first visit the plantation health unit where if not cured they try alternative sources of modern medicine after they can overcome the hindrances or if hindrances are absent. If they are not cured or they fail to gain access to the facilities they try traditional medicine. It should be mentioned that the workers usually avoid the big hospitals due to certain apprehensions and prejudices. Should also be mentioned, diseases supernaturally and humanly caused receive treatments according to modern medical systems. But this is with the intention of just taking a chance.

The plantation with minimum facilities of health presents a similar picture. The only difference lies in the fact that due to the presence of a Subsidiary Health Unit in the proximity, the workers are in a better position in terms of accessibility to alternative sources of modern medicine.

As regards to the hindrances, whereas the alternative sources of modern medicine are in proximity for the workers in the plantation with minimum facilities of health, they are far away for the workers in the plantations with better facilities of health. The economic constraints and the social constraints are existent and are of the same nature in both the types of plantations.

The behaviour of the workers in terms of sanitation and personal hygiene, food, intoxication, narcotic intake and mother

and child care has been found to be same in both the types of plantations.

Family planning practices depict a difference. Whereas in the plantations with better facilities of treatment the accessibility and availability of birth control measures is to a certain extent responsible for the non-adoption of birth control measures, in the plantation with minimum facilities of health, the existence of the Subsidiary Health Unit with facilities of birth control has not met with much success among the workers. The adoption of birth control measures is strikingly low. This is due to beliefs cherished by the workers.

We have earlier stated that studies have shown that traditionalism persists in the health practices of the tribal and rural folk. We have also stated that scholars have pointed out that availability of modern medicine, accessibility to modern medicine, the facilities provided at the health centres, the clash of ideals of the two systems of medicine and the failure on the part of modern medicine to accommodate with the social milieu as factors responsible for non-acceptance of modern medicine.

The picture we get from the two types of tea plantations is that the workers are not averse to modern medical treatment in most cases. Aversion to modern medical treatment is not a factor in the persistence of traditional medical practices to a certain extent. Availability of proper facilities at the health units of

the plantations and the accessibility to alternative sources of modern medicine and economic constraints have been found to be the main reasons behind the partial persistence of traditionalism. The beliefs of the workers as regards to certain diseases and certain aspects of modern medicine are also found to be responsible though not very much.

The inclination of the workers towards modern medical practices has come about due to their long contact with modern medicine and the demonstrated effectivity of modern medicine. Literacy has been found not to be an influencing factor. The people are more concerned with the positive results of treatment no matter what system it may be. The choice of medical systems is dependent on the effectivity of a system and the above mentioned hindrances.

Therefore, to make modern medicine more acceptable to the workers the need is for improvement of the facilities provided at the health units of the plantations, development of transport to make alternative sources of modern medicine easily accessible, rise in the income level of the workers, implementation of health education programmes and activate workers participation in health.